"FEE ADDRESS" INDICATION FORM

Address to:
Mail Stop M Correspondence
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please recognize as the	"Fee Address" under the provisi	ons of 37 C	FR 1.363 th	e following	addre	ss:
□ Customer Number	025453			Place Customer Number Bar Code Label here		
OR	Type Customer Number here					
☐ Paguest for Customs	er Number (PTO/SB/125) attach	ed hereto				
OR	Trumber (F10/3b/123) attach	ed Hereto				
Firm or Individual Name	Xerox Corporation					
Address						
Address						
City		State			ZIP	
County			<u> </u>	<u> </u>		
Telephone		Fax				
in the following listed appl	ication(s) for which the Issue Fe	e has been	paid or pate	ent(s).	•	
<u> </u>	T NUMBER					
(if known)		APPLICATION NUMBER				
		10/776	5,516	1		
				Mill		1
(check one)				/ Sig	naturé	
Applicant/Inventor		James A. Oliff				
Assignee of record			Typed or p			
Attorney or agent of	record 27,075 (Reg. No.)		(585) 423-4687 Customer's telephone number			
Assignment recorde				Date		